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8 UNITED STATES DISTRICT COURT  
9 WESTERN DISTRICT OF WASHINGTON  
10 AT TACOMA

10 PHI THI NGUYEN, individually, and VY VIET  
11 TRAN, individually and in his capacity as  
12 Personal Representative of the Estate of  
13 VUONG QUANG TRAN, deceased,

13 Plaintiffs,

14 vs.

15 COUNTY OF CLARK, a municipal  
16 corporation; WEXFORD HEALTH SOURCES,  
17 INC., a Florida corporation, GARRY E.  
18 LUCAS, JOSEPH K. DUNEGAN, JACKIE  
19 BATTIES, BILL BARRON, JACK G. HUFF,  
20 MICHAEL J. NAGY, ROBERT KARCHER,  
21 DANIEL L. CONN, NICKOLAS A. LITTLE,  
22 CAROL L. RANCE, KELLY E. EPPERSON,  
23 GLADYS C. MAYNARD, REGINALD D.  
24 LEWIS, DANIEL J. GORECKI, RITA A.  
25 LAURENT, SUSAN M. BANKSTON,  
26 JANE/JOHN DOE REGISTERED NURSES  
#2-10, JANE/JOHN DOE LICENSED  
PRACTICAL NURSES #1-10 AND  
JANE/JOHN DOE CUSTODY OFFICERS #4-  
10,

Defendants.

NO. 3:10-cv-05267 BHS

DECLARATION OF NICKOLAS A.  
LITTLE IN SUPPORT OF MOTION  
FOR SUMMARY JUDGMENT

1 I, Nickolas Little, declare and state as follows:

2 1. I am the Vice President of Quality, Compliance and Business Affairs for Wexford  
3 Health Sources, Inc. ("Wexford"). I have been employed in this position since 2009. From 2006  
4 through 2009, I was the Director of Underwriting and Contract Compliance for Wexford.

5 2. My duties include working with client contacts to coordinate on going contract  
6 management requirements and monitor contract performance. I work on the preparation of bids  
7 and responses for Requests for Proposals from agencies bidding medical services.

8 3. Attached as Exhibit A is a true and correct copy of my corporate resume.

9 4. I maintain an office at Wexford's corporate offices which are located in Pittsburgh,  
10 Pennsylvania. I perform my duties primarily from my office in Pittsburgh. I have never  
11 maintained an office at the Clark County Jail ("CCJ") in Vancouver, Washington.

12 5. I am generally familiar with the Agreement for Professional Services entered  
13 between Wexford and Clark County in February of 2007, whereby Wexford agreed to provide  
14 comprehensive health care services for the CCJ, Work Center and Juvenile Detention Facility. I  
15 was involved with the drafting of the Agreement.

16 6. Wexford provided health care services at the CCJ pursuant to its Agreement with  
17 Clark County from February 1, 2007 through January 31, 2010. During that time frame, I visited  
18 the CCJ several times to monitor Wexford Health's performance under the contract and work  
19 with the Health Services Administrator and County in meeting contractual requirements.

20 7. While Wexford was performing its obligations under the Agreement for  
21 Professional Services with Clark County, issues with Wexford's performance were raised. Clark  
22 County engaged the Institute for Law and Policy Planning ("ILPP") to perform an evaluation of  
23 Clark County's correctional health care system. The report generated by the ILPP following its  
24  
25

1 evaluation was critical of Wexford's performance under the Agreement with Clark County.  
2 Although Wexford disagreed with the ILPP's findings, Wexford took efforts to address concerns  
3 raised by the ILPP. Emphasizing application of our quality management program and responsive  
4 action to issues raised in the Medical Advisory Committee meetings. Clark County and Wexford  
5 continued to work together to address Wexford's performance for the duration of its contract.

6  
7 8. As is typical throughout the industry, Wexford had various policies and procedures  
8 in place applicable to medical and mental health care provided at the CCJ. These policies and  
9 procedures served as a reference tool for Wexford personnel and were designed to ensure a  
10 standard level of quality and care.

11 9. Attached as Exhibit B is a true and correct copy of excerpts of Wexford's Clark  
12 County Jaw Enforcement Center Jail and Jail Work Center Operations Policies and Procedures,  
13 Clark County, WA, dated October 1, 2008.

14 10. Attached as Exhibit C is a true and correct copy of excerpts of Wexford's  
15 Behavioral Health Services Policies and Procedures manual dated September of 2005.

16 11. Attached as Exhibit D is a true and correct copy of excerpts of Clark County  
17 Request for Proposal #456 dated July 20, 2006.

18 12. Wexford's policy and procedures included a suicide prevention program. The  
19 purpose of the program was to effectively respond to suicidal and potentially suicidal inmates.

20 13. Interpreter services for inmates at the CCJ whose primary language was not  
21 English were provided by both in-person translators and a language line service depending on the  
22 language at issue. For Vietnamese inmates, a telephone interpreter service was used. Pursuant to  
23 the Agreement between Clark County and Wexford, Wexford staff utilized the same telephone  
24 interpreter service used by Clark County.  
25

1           14. From September 29, 2008, through June 18, 2009, I had no knowledge that Vuong  
2 Tran ("Tran") was an inmate at the CCJ. I had no personal involvement with or knowledge of  
3 the medical and mental health care Tran received from Wexford during his incarceration at the  
4 CCJ. No concerns regarding Mr. Tran's medical needs or how Wexford staff fulfilled those  
5 needs were brought to my attention during the time he received medical and mental health  
6 services from Wexford.

7  
8           I declare under penalty of perjury pursuant to the laws of the State of Washington that the  
9 foregoing is true and correct.

10           Signed at 9:41 AM, this 24 day of February, 2011.

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Nickolas Little

# EXHIBIT A



**NICKOLAS LITTLE, MBA**  
**VICE PRESIDENT, QUALITY, COMPLIANCE AND BUSINESS AFFAIRS**

Nickolas Little brings Wexford Health 22 years of experience in the financial and operational management of statewide prison systems. Prior to coming to Wexford Health, he was the Chief Financial Officer for the Illinois Department of Corrections, with fiscal responsibility for the entire \$1.2 billion prison system of 48 facilities housing 44,000 offenders. Mr. Little's attention to detail and talent for asset management, contract negotiation, and fiscal policy development — combined with his proven track record of managing scarce resources, reducing costs, and identifying and developing business opportunities — give him the perfect skill set to price, negotiate, and monitor contracts that are mutually beneficial for both Wexford Health and our clients.

**EXPERIENCE**

Vice President, Quality, Compliance and Business Affairs	Wexford Health Sources, Inc. Pittsburgh, PA	2009 – present
Director, Underwriting and Contract Compliance	Wexford Health Sources, Inc. Pittsburgh, PA	2006 – 2009
Manager, Financial Projects	Wexford Health Sources, Inc. Pittsburgh, PA	2004 - 2006
Chief Financial Officer	Illinois Department of Corrections Springfield, IL	2000 - 2004
Manager Fiscal Support	Illinois Department of Corrections Springfield, IL	1994 - 2000
Business Administrator II	Illinois Department of Corrections Springfield, IL	1985 – 1994
Business Administrator I East Moline Correctional Center	Illinois Department of Corrections East Moline, IL	1982 – 1985
Instructor	Blackhawk Junior College East Moline, IL	1982 - 1984

**EDUCATION**

Master of Business Administration Southern Illinois University	1982 Carbondale, Illinois
Bachelor of Science – Political Science Quincy College	1976 Quincy, Illinois

**LICENSURE, CERTIFICATION, AND TRAINING**

- Trained hostage negotiator, Illinois Department of Corrections



## **PUBLIC AND COMMUNITY SERVICE**

- Precinct Committeeman, Springfield, Illinois
- Missions Committee, First United Methodist Church, Springfield, Illinois
- Sunday School Instructor, Springfield, Illinois
- Den Leader and Cub Master, Boy Scouts of America, Springfield, Illinois
- School District 186 Parent Advisory Board for the establishment of facility-based management, Springfield Illinois

# EXHIBIT B





**CLARK COUNTY LAW ENFORCEMENT  
CENTER JAIL AND  
JAIL WORK CENTER**

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**OPERATIONS  
POLICIES AND PROCEDURES**

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**CLARK COUNTY, WA**

**Wexford Health Sources, Inc.  
Foster Plaza 2  
425 Holiday Drive  
Pittsburgh, PA 15220**



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CLARK COUNTY LAW ENFORCEMENT CENTER JAIL AND JAIL WORK CENTER  
POLICIES AND PROCEDURES

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## PREFACE

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This manual is the result of a collaborative effort within Wexford Health Sources, Inc. to develop, review, and revise a uniform set of jail policies and procedures reflective of the health care services provided by the Company. The review process included representatives from many levels of management and was guided by the Regional Vice Presidents of each division. The basis of the manual was to incorporate the recognized standards of the recommended requirements for the management of a correctional health services system, including those of the National Commission on Correctional Health Care (NCCHC), the American Correctional Association (ACA) and the Clark County Standards.

At least annually, the Medical Director and the Health Services Administrator for Clark County will review the policies and procedures and present them to the Clark County Facility Administrator (or designee) for final approval.


In an effort to continually improve the manner in which inmate health care is provided, additions and revisions to this manual may occur on an ongoing basis. These additions or revisions may result from information gathered through the Quality Improvement Program, the addition of new services, or other identified opportunities to improve inmate health care.

All questions regarding the interpretation of the Clark County Law Enforcement Center Jail and Jail Work Center policies and procedures should be directed to the site Medical Director or the site Health Services Administrator.

***The contents of this manual are proprietary and confidential. This manual must be returned to the Wexford Health corporate office upon employee termination or end of contract.***



CLARK COUNTY LAW ENFORCEMENT JAIL CENTER AND JAIL WORK CENTER  
POLICIES AND PROCEDURES

<b>Reference:</b> National Commission on Correctional Care: <b>J-A-01</b> American Correctional Association: <b>3-ALDF-4E-06</b> Wexford Health Policy Number: <b>J-101</b> Clark County Standard: <b>32.01</b>	<b>Policy Number</b> <b>J-101</b>
<b>Date Adopted: 2/07; Date Reviewed: 1/08; 4/08; 10/08</b>	<b>Page 1 of 1</b>
<b>Approved By: Dr. Thomas Lundquist, Chief Medical Officer</b> <b>Signature:</b> 	
<b>ACCESS TO CARE</b>	

### POLICY

All inmates will have unimpeded access to all health care services at the facility.

### PROCEDURE


- I. The responsible health authority for the facility will ensure the timely and efficient response to all inmate health care needs.
- II. The responsible health authority for the facility will ensure that unreasonable barriers to health services are avoided or eliminated.
- III. Sick call will be conducted during reasonable times to ensure inmates have access to services.

**WEX 001008**

**Facility Authority Initials:** \_\_\_\_\_  
**Medical Authority Initials:** \_\_\_\_\_



**CLARK COUNTY LAW ENFORCEMENT JAIL CENTER AND JAIL WORK CENTER  
POLICIES AND PROCEDURES**

Reference: National Commission on Correctional Care: <b>J-E-01</b> Wexford Health Policy Number: <b>J-102</b> Clark County Standard: <b>34.02</b>	Policy Number <b>J-102</b>
Date Adopted: <b>2/07</b> ; Date Reviewed: <b>01/08; 04/08; 10/08</b>	Page 1 of 1
Approved By: Dr. Thomas Lundquist, Chief Medical Officer Signature: 	
<b>INFORMATION ON HEALTH SERVICES</b>	

### **POLICY**

Wexford Health will ensure that inmates are provided verbal and written information regarding access to health care services in a multiple languages.


### **PROCEDURE**

- I. Verbal notification will be given to inmates during the facility's Receiving/Screening process by the CCSO officers at booking. This information is also included in the Medical Screen Summary and signed by the officer and the inmate.
- II. Within twenty-four (24) hours of their arrival, written notification will be given to inmates based upon the procedures that are established in conjunction with the facility administration and will include, at a minimum:
  - A. How to access routine and emergency medical, mental, and dental services
  - B. Fee-based program, if one exists at the facility
  - C. Grievance process for health-care related issues
- III. Methods for obtaining routine and emergency services will be posted in the intake area and housing units in English, Spanish, and Russian signage.
- IV. Generally the information on how to access health care services will be included in the "Inmate Handbook" which is provided by the facility to each new intake.
- V. The facility will provide alternate methods of communication between inmates and health care staff for inmates who have difficulty communicating (e.g., language difficulties, illiteracy, deafness, developmental disability, or mental illness).

**WEX 001009**

Facility Authority Initials: \_\_\_\_\_  
Medical Authority Initials: \_\_\_\_\_

CLARK COUNTY LAW ENFORCEMENT JAIL CENTER AND JAIL WORK CENTER  
POLICIES AND PROCEDURES

Reference: National Commission on Correctional Care: <b>J-E-07</b> American Correctional Association: <b>3-ALDF-4E-26</b> Wexford Health Policy Number: <b>J-103</b> Clark County Standard: <b>34.03, 34.05, 34.06</b>	Policy Number <b>J-103</b>
Date Adopted: <b>2/07</b> ; Date Reviewed: <b>01/08; 04/08; 10/08; 03/09</b> Approved By: Dr. Thomas Lundquist, Chief Medical Officer Signature: 	Page 1 of 2
<b>NONEMERGENCY HEALTH CARE REQUESTS AND SERVICES</b>	

**POLICY**

Wexford Health will ensure that all inmates have the opportunity to request nonemergency health services on a daily basis. Sick call will be held in a clinical setting by qualified health care professionals and will be available on a scheduled basis.

**PROCEDURE****Daily Handling of Nonemergency Requests**

- I. Nurse Sick Call is held seven (7) days a week at these approximate times: 0730 to 1100 and 1345 to 1415. These times may vary depending on operational needs of the clinic and jail facility.
- II. The **Physician Assistant (PA)** is available for appointments Monday through Friday 0730 to 1130 and 1300 to 1400. These times may vary depending on operational needs of the clinic and jail facility.
- III. The **Physician (MD)** is available for scheduled appointments for complex referrals eight (8) hours per week, usually four (4) hours on two (2) days each week scheduled a month in advance according to availability.
- IV. If an inmate requests services other than the above specified hours, and it is not an emergent problem, a request for **Medical Service Form**, also referred to as a **'KITE'** (I.a.) is submitted by the POD Officer to the designated area in the Rover Station. The **Registered Nurse (RN)** or **Licensed Practical Nurse (LPN)** retrieves the **'KITES'** on a daily/nightly basis for triage purposes. **Refer to County PRO#05.31 SICKCALL**
- V. Requests for non-emergency services are triaged based on the identified medical need by the night RN or LPN under the supervision of the RN. All **'KITES'** are triaged within twenty-four (24) hours upon receipt to the medical unit and inmates are seen within forty-eight (48) hours to seventy-two (72) hours during week days from the time of receipt of the **'KITE'**. On weekends and/or Holidays inmates are seen within seventy-two (72) hours from time of request for medical services.
- VI. The inmate is triaged to Nursing Sick Call, PA, the **Mental Health Counselor (MH)** and the **Public Health Nurse** from Clark County Health Department.
  - A. If the medical request for service involves a clinical symptom, the inmate is scheduled to see a qualified health professional.
  - B. When clinically indicated, the RN refers the inmate to the Dentist, the **Psychiatric Advanced Registered Nurse Practitioner (Psyche ARNP)**, or PA

Facility Authority Initials: \_\_\_\_\_  
 Medical Authority Initials: \_\_\_\_\_



CLARK COUNTY LAW ENFORCEMENT JAIL CENTER AND JAIL WORK CENTER  
POLICIES AND PROCEDURES

when they are scheduled for the clinic. The PA, **Director of Nursing (DON)**, **Psyche ARNP**, and/or **Health Service Administrator (HSA)** may refer I/M's to the MD if clinically indicated.


- VII. During the week, the **Certified Nursing Assistant (CNA)** provides the Medical 1 and 2 Custody Officers a call out list of inmates to be seen in the clinic for sick call, treatments, lab, the PA, mental health, and the dentist on assigned days. Throughout the day the CNA ensures the flow of inmates is continuous for the RN/LPN's. Medical 1 and 2 Officers consult with the CAN to maintain the appropriate flow and number of inmates in the exam and waiting area.
- VIII. The CNA in Med 2 enters the triaged 'KITES' into the computer to produce the Med 2's Schedule (3.a.) for the day. The CNA forwards the schedule at the end of each day to the Director of Nursing (DON) for the Monthly Statistic Report.
- IX. If further medical care is required beyond the scope of medical services available at the Medical Unit, and is necessary for the inmate's immediate health needs, the inmate will be referred to an appropriate community provider.
- X. For each inmate seen, a confidential **Medical Record (1.c.)** is initiated. The Medical Record is identified by the CFN# and inmate's name. The record includes the **'KITE'** (1.a.), **Initial Booking Screen (1.c.a.)**, a **Lab Sheet (1.c.b.)**, **Medical Orders Sheet (1.c.c.)**, **Medical Progress Notes (1.c.d.)**, **Nursing Progress Notes (1.c.e.)**, **Mental Health Progress Notes (1.c.f.)**, **X-Ray Reports (1.c.g.)**, **Chronic Care Assessment Form (1.c.h.)** and **Nursing Protocol/Progress Forms (1.c.i.)**.
- XI. After each clinic visit, the **Medical Record Clerk (MRC)** files the individual completed documentation forms in the designated place in the inmate's Medical Record.
  - A. If the Provider examines the inmate, the Provider documents clinical findings, treatments, and plan of care on the progress notes. The Provider writes new orders for medications, lab, diets, or other diagnostic procedures on the **Medical Order Sheet (1.c.c.)**. The RN or LPN transcribes the orders and takes the appropriate action according to the orders.
  - B. The RN and/or LPN utilize the appropriate **Nursing Protocol/Progress Form(s) (1.c.i.)** for each sick call encounter with an inmate. The RN/LPN documents any additional relevant clinical information in the **SOAP (Subjective-Objective-Assessment-Plan)** format on the **Nursing Progress Notes (1.c.e.)**.
  - C. The MD, PA, and/or Psyche ARNP document on the plan of care the inmate's need for a referral to another Provider and ensures necessary appointments are made by the **Administrative Assistant (AA)**. The AA communicates the scheduled appointment information to the Medical Officer 1.

WEX 001011

Facility Authority Initials: \_\_\_\_\_  
Medical Authority Initials: \_\_\_\_\_



CLARK COUNTY LAW ENFORCEMENT JAIL CENTER AND JAIL WORK CENTER  
POLICIES AND PROCEDURES

Reference: National Commission on Correctional Care: <b>J-E-12</b> American Correctional Association: <b>3-ALDF-4E-05</b> Wexford Health Policy Number: <b>J-104</b>	Policy Number <b>J-104</b>
Date Adopted: <b>2/07</b> ; Date Reviewed: <b>01/08; 04/08; 10/08</b>	Page 1 of 1
Approved By: Dr. Thomas Lundquist, Chief Medical Officer Signature: 	
<b>CONTINUITY OF CARE DURING INCARCERATION</b>	

**POLICY**

Wexford Health will ensure that all inmates receive health-care services during their incarceration as ordered by the responsible physician. Continuity of care is measured from admission to the facility through discharge and includes referral to community resources when indicated.

**PROCEDURE**


- I. During the Receiving Screening and Health Assessment process, any findings of acute or chronic medical or mental health conditions or injuries will be noted and continuation of treatment will be provided.
- II. The Health Services Administrator, in conjunction with the Facility Administrator, will ensure the safe and timely transport of inmates for medical, mental health, and dental clinic appointments both inside and outside the facility.
- III. Testing, specialty consultations, medications, or other therapies will be delivered as ordered. Documentation will include, but not be limited to:
  - A. The ordering physician's review of all procedures
  - B. Changes implemented
  - C. Clinical justification for alternative methods
- IV. The Health Services Administrator will ensure that clinicians share results as necessary with clinicians from other disciplines.
- V. Upon transfer to another facility or release from incarceration, medications will be forwarded to the receiving facility or provided to the patient in a sealed envelope to maintain confidentiality, or provided via prescription to the designated pharmacy depending on the type of release from the facility.
- VI. Continuity of care will be monitored via the Continuous Quality Improvement Program (QMP) to identify trends and patterns. Corrective action will be implemented as necessary.

**WEX 001012**

Facility Authority Initials: \_\_\_\_\_  
 Medical Authority Initials: \_\_\_\_\_



**CLARK COUNTY LAW ENFORCEMENT JAIL CENTER AND JAIL WORK CENTER  
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Reference: National Commission on Correctional Care: <b>P-G-01</b> Wexford Health Policy Number: <b>J-105</b>	Policy Number <b>J-105</b>
Date Adopted: <b>2/07</b> ; Date Reviewed: <b>01/08; 04/08; 10/08</b>	Page 1 of 2
Approved By: Dr. Thomas Lundquist, Chief Medical Officer Signature: 	
<b>SPECIAL NEEDS TREATMENT PLANS</b>	

## POLICY

Wexford Health will maintain a program that addresses the needs of those inmates who are determined to have special needs requiring close medical supervision and/or multidisciplinary care.

## PROCEDURE

- I. All inmates will be assessed via the facility's Receiving Screening process, and on an on-going basis as necessary.
- II. Inmates who fall into the following categories will be referred to the respective discipline for care, appropriate treatment plans and transfer, if necessary:
  - A. Adolescents
  - B. Chronically ill patients
  - C. Those with serious communicable diseases (e.g., TB, HIV, etc.)
  - D. Inmates requiring dialysis
  - E. Physically handicapped patients
  - F. Frail and/or elderly
  - G. Terminally ill patients whose life expectancy is less than a year
  - H. Developmentally disabled individuals
  - I. Pregnant females
  - J. Suicidal inmates
  - K. Others as identified
- III. The health care staff will complete a written, individualized treatment plan for each special needs patient. The plan will be reviewed and updated as necessary. The plan will include, at a minimum:
  - A. A written evaluation by the responsible physician that includes short- and long-term goals as well as methods to achieve the goals
  - B. Specific course of therapy and roles of each level of provider who will be involved in the patient's care
  - C. Type and frequency of diagnostic studies
  - D. Type of frequency of diagnostic testing and therapeutic regimes

**WEX 001013**

Facility Authority Initials: \_\_\_\_\_  
Medical Authority Initials: \_\_\_\_\_





CLARK COUNTY LAW ENFORCEMENT JAIL CENTER AND JAIL WORK CENTER  
POLICIES AND PROCEDURES

<b>SPECIAL NEEDS TREATMENT PLANS</b>	<b>Policy Number J-105</b>
	Page 2 of 2


- E. Frequency of follow-up for medical evaluation and adjustment of treatment modality
- F. Instructions regarding diet, exercise, medication, and adaptation to the correctional environment
- IV. A master problem list will be maintained for each inmate identified as having special needs and will include any known drug allergies and any special needs.
- V. Documentation will be maintained for special needs treatment plans and will become part of the inmate's medical record.
- VI. A list of special needs patients will be shared with the Facility Administrator or designee to help maintain appropriate classification, housing, and work assignments.

**WEX 001014**

**Facility Authority Initials:** \_\_\_\_\_  
**Medical Authority Initials:** \_\_\_\_\_



**CLARK COUNTY LAW ENFORCEMENT JAIL CENTER AND JAIL WORK CENTER  
POLICIES AND PROCEDURES**

<b>Reference:</b> National Commission on Correctional Care: <b>J-G-02</b> American Correctional Association: <b>3-ALDF-4E-28</b> Wexford Health Policy Number: <b>J-107</b> Clark County Standard: <b>38.06</b>	<b>Policy Number</b> <b>J-107</b>
<b>Date Adopted: 2/07; Date Reviewed: 01/08; 04/08; 10/08</b> <b>Approved By: Dr. Thomas Lundquist, Chief Medical Officer</b> <b>Signature:</b> 	<b>Page 1 of 2</b>
<b>MANAGEMENT OF CHRONIC DISEASE</b>	

## **POLICY**

Wexford Health will establish a program to identify inmates with chronic diseases with the goal of decreasing the severity and frequency of symptoms. The process will ensure that the inmates are properly managed and will include a focus on prevention.

## **PROCEDURE**

- I. The Medical Director will develop and maintain chronic care clinics consistent with the clinical protocols of one of the national clinical practice guidelines supported by experts in the field. The Medical Director will review and approve the clinics annually and as indicated on the Nursing Protocols.
- II. Chronic disease protocols will include, but will not be limited to:
  - A. Hypertension
  - B. Cardiac
  - C. Diabetes
  - D. Pulmonary disease
  - E. Seizure disorders
  - F. Asthma
  - G. Tuberculosis
  - H. HIV
- III. When the correctional officer has indicated a chronic illness through the Receiving Screening process, the nurse will complete the Chronic Care Nursing Assessment and schedule the inmate to be seen for a provider clinic visit.
- IV. The provider will complete a SOAP note within 7-14 days and the inmate will be placed onto the chronic clinic database by the Certified Nursing Assistant or designee for a 90 day evaluation.
- V. At the ninety (90) day evaluation period, the physician or his/her designee should evaluate the inmate through the utilization of the Chronic Care Provider Assessment. Once established, the physician will perform the assessment every ninety (90) days to determine the need for continued service or special treatment.

**WEX 001017**

**Facility Authority Initials:** \_\_\_\_\_  
**Medical Authority Initials:** \_\_\_\_\_

CLARK COUNTY LAW ENFORCEMENT JAIL CENTER AND JAIL WORK CENTER  
POLICIES AND PROCEDURES**MANAGEMENT OF CHRONIC DISEASE****Policy Number J-107**


Page 2 of 2

- VI. The treatment plan specifies the course of therapy and roles of each level of provider who will be involved in the patient's care. It also includes short- and long-term goals as well as methods by which the goals will be pursued.
- VII. The chronic clinic database will be pulled up on a weekly basis and any inmate on the chronic clinic list will be placed onto the physicians or his/her designees schedule for that week. A list of weekly chronic clinic appointments is maintained.
- VIII. The responsible physician will review current medication profiles and ensure continuity of medications for all chronic diseases.
- IX. Documentation in the inmate's medical record will be maintained. Physicians will note any deviation from established protocols.
- X. The chronic disease management program will be monitored via the Continuous Quality Improvement Committee (QMP) meetings.

**WEX 001018**

**Facility Authority Initials:** \_\_\_\_\_  
**Medical Authority Initials:** \_\_\_\_\_

CLARK COUNTY LAW ENFORCEMENT JAIL CENTER AND JAIL WORK CENTER  
POLICIES AND PROCEDURES

Reference: National Commission on Correctional Care: <b>J-E-08</b> American Correctional Association: <b>3-ALDF-4E-24</b> Wexford Health Policy Number: <b>J-112</b> Clark County Standard: <b>34.09</b>	Policy Number <b>J-112</b>
Date Adopted: <b>2/07</b> ; Date Reviewed: <b>01/08; 04/08; 10/08; 03/09</b>	Page 1 of 2
Approved By: Dr. Thomas Lundquist, Chief Medical Officer Signature: 	
<b>EMERGENCY SERVICES</b>	

**POLICY**

Wexford Health will provide for twenty-four (24) hour emergency medical, dental, and mental health services for inmates.

**PROCEDURE**

- I. A physician and or PA are available for consultation twenty-four (24) hours per day, seven days a week.
- II. Health care staff whether permanent or Agency are oriented to Emergency Procedures at the time of their initial orientation. Every year the health care staff is required to update their CPR Certification. An onsite mock 'Man Down' drill occurs at least once a year with each RN/LPN as a participant. The **Administrative Assistant (AA)** produces a monthly CPR Certification List (4.a.) for the **Health Service Administrator (HSA)** and **Director of Nursing (DON)** to monitor staff compliance.
- III. An updated list of names and phones numbers of persons to be called in an emergency is placed in the Communication Book in Med 2. The AA updates the list when there are new hires and staff terminates.
- IV. In the event of an emergency, the health care staff ensures the inmate is stabilized and then transferred to the appropriate internal or external level of care. The health care staff remains in charge of the emergency until the MD/PA orders the inmate transferred to the hospital. At the time of the EMT arrival, the RN/LPN transfers the care of the inmate to the EMT. The Custody and Transport Officers support the medical team in carrying out their assigned responsibilities during an emergency situation.
  - A. In the event of a Code Blue the RN and/or LPN's on duty respond with the Code Blue Equipment Bag and the AED. The RN/LPN assesses the patient according to Wexford Health Source's protocol.
  - B. The RN/LPN contacts the MD/PA on-call to report the patient's status, the physical assessment including all vital signs: BP, TPR, O2 sats, and additional findings of an EKG and an UA. The medical staff uses the phone pod control. Officers use all necessary security protocols before opening the pod control door to medical staff.
  - C. If the MD/PA orders the inmate transfer to emergency for further treatment, the RN/LPN or a Medical Officer notifies the Sergeant of the inmate's status and need for transfer. The medical staff or **Custody Officer (CO)** calls 911 if

Facility Authority Initials: \_\_\_\_\_  
Medical Authority Initials: \_\_\_\_\_



CLARK COUNTY LAW ENFORCEMENT JAIL CENTER AND JAIL WORK CENTER  
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- the MD/PA orders Basic life Support (BLS) or Advanced Life Support (ALS); otherwise transport is responsible for the transfer.
- D. The RN/LPN completes the **Emergency/Hospitalization Notification Form (1.j.)**; completes the charge sheet; prints the Booking Sheet (7.1.); copies the Medication Administration Form (MAR) (1.k.); and copies the current Progress Notes. The RN/LPN places the information in a confidential envelope and hands to the Transport Officer. The RN/LPN faxes a copy of the Emergency/Hospitalization Notification Form to Wexford Health Sources and places a copy in the AA's mailbox.
  - E. When the EMT arrives, the RN/LPN gives a current status of condition report, including the current vital signs and medications administered.
  - F. The RN/LPN transfers the inmates care to the EMT. Once the EMT arrives, the EMT assumes responsibility of the inmates care.
- V. The emergency equipment is regularly maintained in accordance with manufacturer's guidelines. The RN/LPN's monitor emergency equipment each shift and verify with date, time, and initials on the Nursing Emergency Bag Supply List (4.a). The RN/LPN's monitor the Oxygen (O2) tanks to ensure the tanks are full each shift and verify with date, time, and initials on the Oxygen Monitor Sheet (4.b.).
- VI. The Wexford Health Sources HSA informs the Command Day Officer (CDO) of any medical emergencies.
- VII. Wexford Health Sources health care professionals provide emergency treatment to visitors, employees or sub-contractors of the county who become ill or injured at the Clark County Law Enforcement Center or the Jail Work Center consisting of stabilization and referral to a personal MD or local hospital.
- VIII. Emergency services are monitored via the Continuous Quality Improvement Program, Emergency Care and Hospitalization Health Service Audit Tool (6.a.) by random selection of medical records for review throughout each quarter. Findings are summarized for the quarterly Quality Management Meetings.

WEX 001027

Facility Authority Initials: \_\_\_\_\_  
Medical Authority Initials: \_\_\_\_\_



CLARK COUNTY LAW ENFORCEMENT JAIL CENTER AND JAIL WORK CENTER  
POLICIES AND PROCEDURES

<b>EMERGENCY SERVICES</b>	<b>Policy Number J-112</b> Page 2 of 2
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- IX. The Medical Director or designee will provide appropriate health care staff with annual training on emergency equipment.
- X. Emergency services will be monitored via the Continuous Quality Improvement Program (QMP) and corrective action plans will be developed and implemented as necessary.

**WEX 001028**

**Facility Authority Initials:** \_\_\_\_\_  
**Medical Authority Initials:** \_\_\_\_\_



**CLARK COUNTY LAW ENFORCEMENT JAIL CENTER AND JAIL WORK CENTER  
POLICIES AND PROCEDURES**

<b>Reference:</b> National Commission on Correctional Care: <b>J-E-02</b> American Correctional Association: <b>3-ALDF-4E-19</b> Wexford Health Policy Number: <b>J-117</b> Clark County Standard: <b>33.01</b>	<b>POLICY NUMBER J-117</b>
<b>Date Adopted: 2/07; Date Reviewed: 01/08; 04/08; 10/08</b> <b>Approved By: Dr. Thomas Lundquist, Chief Medical Officer</b> <b>Signature:</b> 	Page 1 of 2
<b>RECEIVING SCREENING</b>	

## POLICY

A Receiving Screening is performed on all inmates immediately upon their arrival at the intake facility by a correctional officer per facility policy.

## PROCEDURE

- I. Wexford Health and the Facility Administrator will approve the Receiving Screening process.
- II. The Receiving Screening process will be conducted in a language and form that is understandable to the inmate.
- III. Receiving Screening will be performed immediately upon inmates' arrival by correctional staff. Positive findings on screenings will require review by the licensed health care staff.
- IV. Inmates who are unconscious, semi-conscious, bleeding, mentally unstable or otherwise urgently in need of medical attention will be sent to the local hospital for Emergency Room care. Inmates who return to the facility from the hospital will require written medical clearance.
- V. The Receiving Screening findings are recorded on a form approved by the Facility Administrator and will include an inquiry as to the following:
  - A. Current illness or health problems
  - B. Past or present history of tuberculosis or other infectious or communicable diseases, or hospitalizations)
  - C. Mental health
  - D. Dental problems
  - E. Allergies
  - F. Medications taken
  - G. Special diet requirements
  - H. Use of alcohol and other drugs
  - I. For females, current or recent pregnancy
  - J. Injuries
  - K. Special health needs

**WEX 001034**

**Facility Authority Initials:** \_\_\_\_\_  
**Medical Authority Initials:** \_\_\_\_\_



CLARK COUNTY LAW ENFORCEMENT JAIL CENTER AND JAIL WORK CENTER  
POLICIES AND PROCEDURES

<b>RECEIVING SCREENING</b>	<b>Policy Number J-117</b> Page 2 of 2
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- L. Other health problems designated by the responsible physician
- VI. Observations of the following will be recorded on the appropriate form:
  - A. Behavior, which includes state of consciousness, mental status, appearance, conduct, tremors, and sweating
  - B. Body deformities, ease of movement
  - C. Breathing (persistent cough or hyperventilation)
  - D. Skin condition including trauma marks, bruises, lesions, jaundice, rashes, infestations, needle marks, or other indications of drug abuse
- VII. The Receiving Screening personnel will determine the disposition of the patient, such as immediate referral to the health care unit, or placement in the general population with booking information going to medical for final medical disposition.
- VIII. Documentation will be made of the date and time when the referral is actually made and will include the signature and title of the person completing the form.
- IX. Correctional Officers are to contact health care staff for the disposition of the inmate if problems are identified during the Receiving Screening process.
- X. If necessary, inmates who appear to be potentially infectious are isolated.

WEX 001035

Facility Authority Initials: \_\_\_\_\_  
Medical Authority Initials: \_\_\_\_\_



CLARK COUNTY LAW ENFORCEMENT JAIL CENTER AND JAIL WORK CENTER  
POLICIES AND PROCEDURES

Reference: National Commission on Correctional Care: <b>J-E-04</b> American Correctional Association: <b>3-ALDF-4E-21; 3-ALDF-4E-22</b> Wexford Health Policy Number: <b>J-119</b> Clark County Standard: <b>33.02</b>	Policy Number <b>J-119</b>
Date Adopted: <b>2/07</b> ; Date Reviewed: <b>01/08; 04/08; 10/08; 03/09</b>	Page 1 of 2
Approved By: Dr. Thomas Lundquist, Chief Medical Officer Signature: 	
<b>HEALTH ASSESSMENT</b>	

**POLICY**

Wexford Health will ensure that each inmate is given a comprehensive Health Assessment within fourteen (14) days of entry into the correctional facility/system.

**PROCEDURE**

- I. The qualified health care staff completes a comprehensive Health Assessment on all inmates processed into the correctional facility within fourteen (14) calendar days after arrival or earlier.
- II. The **Registered Nurse (RN)** reviews the inmate's **Initial Booking Screen (1.a.c)** results for those inmates returning to the facility within the last twelve (12) months. The RN completes the short form of the **Health Evaluation Form (1.k.)** if there is no change in the inmate's health status.

A PPD test is administered unless the inmate is a positive reactor, then a chest x-ray is ordered unless the inmate has had a negative one in the last two (2) years. The PPD is read 48 hours after administered. A positive test result = 10cm x 10cm. Other tests and/or examinations are provided as indicated.

- III. The night RN schedules the inmates for their Health Assessment between the hours of 1930 and 2100.

After midnight on each shift, the RN prints from Medical Screen 2 #5 the **Health Appraisal Report (9.b.)**. All inmates listed at eleven (11) days plus those with a sentence date are scheduled for assessments the next night. Classification may request an assessment based on a Court Order as part of sentencing and assessments for inmates needing clearance for the Work Center.


- IV. The **Certified Nursing Assistant (CNA)** completes identifying information; takes and records the Vital Signs (VS); weighs/measures and records the inmate's weights and heights on the Health Evaluation Form for each inmate scheduled for their assessment.
- V. The RN completes the Health Assessment which includes the following:
  - A. Review of the Receiving Screen;
  - B. Completion of a Dental Screen;
  - C. Completion of the Health Evaluation Form;
  - D. Administration of the PPD;
  - E. Referral to PA for a Physical Exam if a chronic illness dictates;

**WEX 001037**

Facility Authority Initials: \_\_\_\_\_  
 Medical Authority Initials: \_\_\_\_\_



CLARK COUNTY LAW ENFORCEMENT JAIL CENTER AND JAIL WORK CENTER  
POLICIES AND PROCEDURES

Reference: National Commission on Correctional Care: <b>J-G-04</b> American Correctional Association: <b>3-ALDF-4E-37; 3-ALDF-4E-38</b> Wexford Health Policy Number: <b>J-121</b> Clark County Standard: <b>32.01, 38.02, 38.08</b>	Policy Number <b>J-121</b>
Date Adopted: <b>2/07</b> ; Date Reviewed: <b>01/08; 04/08; 10/08</b> Approved By: Dr. Thomas Lundquist, Chief Medical Officer 	Page 1 of 1
<b>MENTAL HEALTH SERVICES</b>	

## POLICY

In the Clark County Jail, Wexford Health will ensure that the necessary services are available to inmates with mental health problems and that they are able to maintain their best level of functioning.


## PROCEDURE

- I. Mental health services will be provided directly by Wexford Health staff on a 24-hour, on-call basis.
- II. Mental health treatment will be used to alleviate symptoms of serious mental disorders and prevent relapses to sustain patients' ability to function safely in their environment. Mental health services will include:
  - A. Short-term individual and/or group therapy follow-up
  - B. Psychotropic medication management
  - C. Crisis intervention and referral for commitment for inmates requiring more intense care than available on site
  - D. Monitoring detainees exhibiting unusual or bizarre behavior
- III. Logs, reports and service delivery reports will be maintained to monitor the effectiveness of the mental health program.
- IV. A multidisciplinary approach to mental health, medical, and substance abuse will ensure that the inmate's health needs are met, and the impact of any of these conditions on each other is adequately addressed.
- V. Mental health services will be monitored via the Continuous Quality Improvement Program (QMP).

WEX 001040

Facility Authority Initials: \_\_\_\_\_  
 Medical Authority Initials: \_\_\_\_\_

CLARK COUNTY LAW ENFORCEMENT JAIL CENTER AND JAIL WORK CENTER  
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Reference: National Commission on Correctional Care: <b>J-E-05</b> American Correctional Association: <b>3-ALDF-4E-37; 3-ALDF-4E-38</b> Wexford Health Policy Number: <b>J-122</b> Clark County Standard: <b>37.03, 38.05</b>	Policy Number <b>J-122</b>
Date Adopted: <b>2/07</b> ; Date Reviewed: <b>01/08; 04/08; 10/08; 03/09</b>	Page 1 of 2
Approved By: Dr. Thomas Lundquist, Chief Medical Officer 	
<b>MENTAL HEALTH SCREENING AND EVALUATION</b>	

**POLICY**

Wexford Health will ensure that all inmates receive a mental health screening and that positive screens will be given a mental health evaluation.

**Note:** This post-admission screening process is in addition to the required mental health portion of the initial Receiving Screening conducted at the time of admission to the corrections facility/system.

**PROCEDURE**

- I. During the initial booking process into the Clark County Detention Center, the **Custody Officers (CO's)** complete an **Initial Medical Screen (7.b.)** which elicits information regarding the mental health and functional ability of the detainee.
- II. When called to Booking, the **Registered Nurse (RN)/Licensed Practical Nurse (LPN)** interviews the inmate and completes the **Chronic Care Nursing Assessment (1.c.f.)** identifying and referring any inmates with a mental health or developmental disability problem to the **Mental Health Counselor (MHC)**. The RN/LPN interviews and completes the **Chronic Care Nursing Assessment** within twenty-four (24) hours from the time an inmate is booked if he/she is not initially interviewed in Booking. The RN/LPN makes appropriate referrals to the MHC.
- III. The MHC interviews and completes an **Intake Mental Health Screen/Suicide Prevention Form (2.a.)** for inmates referred by the CO for presenting complaints of a mental health nature or exhibiting inappropriate/abnormal behavior.
- IV. For all inmates referred to Mental Health Program, the MHC completes the Intake Mental Health Screen/Suicide Prevention Form in a structured interview which includes inquiry into the following:
  - A. History of hospitalizations and outpatient treatment for mental health problems;
  - B. Current psychotropic medications;
  - C. Suicidal ideation and history of suicidal behavior;
  - D. Drug and alcohol usage;
  - E. History of expressively violent behavior;
  - F. History of sex offense;
  - G. History of victimization due to criminal violence;

**WEX 001041**

Facility Authority Initials: \_\_\_\_\_  
 Medical Authority Initials: \_\_\_\_\_



CLARK COUNTY LAW ENFORCEMENT JAIL CENTER AND JAIL WORK CENTER  
POLICIES AND PROCEDURES

<b>MENTAL HEALTH SCREENING AND EVALUATION</b>	<b>Policy Number J-122</b>
	Page 2 of 2

- H. Special education placement;
- I. History of cerebral trauma and seizures;
- J. Emotional response to incarceration.
  - The MHC screens inmates for intellectual/developmental functioning. The MHC immediately refers inmates found to have serious mental health problems and/or developmental disabilities to a qualified mental health specialist for further evaluation to establish a plan of care. Inmates requiring evaluations outside of the facility are based on a Court Order.
  - Inmates requiring mental health or special needs services beyond those available at Clark County Jail may be transferred to an environment more appropriate based on a Court Order after sentencing.
- V. The medical care unit staff informs the corrections staff of inmates identified needing special placement. Ongoing monitoring and support is provided by the medical staff through Segregation Rounds (refer to Policy 'Segregated Inmates').
- VI. The mental health screening and evaluation is documented on an approved form by the Medical Director and the Behavioral Health Provider. The form Intake Mental Health Screen/Suicide Prevention Form is filed in the permanent Medical Record.

**WEX 001042**

Facility Authority Initials: \_\_\_\_\_  
Medical Authority Initials: \_\_\_\_\_




CLARK COUNTY LAW ENFORCEMENT JAIL CENTER AND JAIL WORK CENTER  
POLICIES AND PROCEDURES

**WEX 001043**

**Facility Authority Initials:** \_\_\_\_\_  
**Medical Authority Initials:** \_\_\_\_\_



**CLARK COUNTY LAW ENFORCEMENT JAIL CENTER AND JAIL WORK CENTER  
POLICIES AND PROCEDURES**

Reference: National Commission on Correctional Care: <b>J-G-05</b> American Correctional Association: <b>3-ALDF-4E-34</b> Wexford Health Policy Number: <b>J-123</b> Clark County Standard: <b>38.02, 38.06, 38.07, 38.08</b>	Policy Number <b>J-123</b>
Date Adopted: <b>2/07</b> ; Date Reviewed: <b>01/08; 04/08; 10/08</b> Approved By: Dr. Thomas Lundquist, Chief Medical Officer 	Page 1 of 4
<b>SUICIDE PREVENTION PROGRAM</b>	

## POLICY

Wexford Health will maintain a program to effectively respond to suicidal and potentially suicidal inmates.

## PROCEDURE

- I. Wexford Health, in cooperation with the Facility Administrator, will ensure there is a written plan for suicide prevention.
- II. The suicide prevention program will include, but not be limited to:
  - A. TRAINING
    1. Health care staff and correctional staff will be trained in all aspects of suicide prevention including learning to recognize behavioral cues that indicate potential suicide, and how to respond appropriately. Training will be provided at least annually.
    2. The following signs and symptoms of suicidal ideation will be reviewed during training:
      - a. Despair/hopelessness
      - b. Poor self-image/feelings of inadequacy
      - c. Great concern regarding "What will happen to me?"
      - d. Past history of suicidal attempt
      - e. Verbalization of a suicide plan
      - f. Extreme restlessness exhibited by such behavior as continuous pacing
      - g. Loss of interest in personal hygiene and daily activities
      - h. Visitation refusals that previously were accepted
      - i. Depressed state indicated by crying, withdrawal, insomnia, lethargy, indifference to surroundings and other people
      - j. Sudden drastic change in eating or sleeping habits
      - k. Hallucinations, delusions, or other manifestations of loss of touch with reality

**WEX 001044**

Facility Authority Initials: \_\_\_\_\_  
 Medical Authority Initials: \_\_\_\_\_



**CLARK COUNTY LAW ENFORCEMENT JAIL CENTER AND JAIL WORK CENTER  
POLICIES AND PROCEDURES**

<b>SUICIDE PREVENTION PROGRAM</b>	<b>Policy Number J-123</b> Page 2 of 4
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1. Sudden marked improvement in mood following period of obvious depression

**B. IDENTIFICATION**

1. All inmates will be screened assessed during the Receiving Screening process for potential for suicide by physical observation and questioned regarding current suicidal ideations and history of previous attempts.
2. If the inmate is assessed as being at risk for suicide, the receiving officer will notify the appropriate correctional and medical staff and place the inmate on suicide precautions.
3. Patients who are assessed as being at risk for suicide at a later time by health or correctional staff will be relocated to a housing area that affords suicide watch.
4. All inmates who are identified as being at risk for suicide will be referred to the mental health professional for evaluation at the soonest possible time.
5. All observations and determinations will be documented on the Receiving Screening form.

**C. REFERRAL**

Upon assessment by the qualified health care staff member, the inmate will be referred to the appropriate behavioral health care provider as soon as possible.

**D. EVALUATION**

1. Evaluation by a mental health staff member will include, but not be limited to an assessment of the following:
  - a. Inmate's mental status
  - b. Inmate's self-report or behavior resulting in referral
  - c. Current suicidal risk
  - d. History of suicidal behavior
  - e. Inmate's report of his/her potential for suicidal behavior
2. The health staff will determine the patient's level of suicide risk, level of supervision needed, and need for transfer to an inpatient mental health facility or program, if necessary.
3. The health staff will determine the time frame for follow-up assessment.

**E. HOUSING**

1. The health care staff will follow the facility's plan for housing inmates on suicidal precautions.

**WEX 001045**

**Facility Authority Initials:** \_\_\_\_\_  
**Medical Authority Initials:** \_\_\_\_\_





**CLARK COUNTY LAW ENFORCEMENT JAIL CENTER AND JAIL WORK CENTER  
POLICIES AND PROCEDURES**

**SUICIDE PREVENTION PROGRAM**

**Policy Number J-123**

Page 3 of 4

2. If an inmate is identified as being at risk for suicide, he or she will not be housed in general population and 15-minute watches will be ordered. He or she will be housed in A Pod, the mental health unit, or the medical unit, and located in close proximity to staff.

3. Rooms used for suicide watch will be made as suicide-proof as possible.

**F. MONITORING**

1. Continuous watch: This watch consists of the patient being in constant observation of a correctional officer. It is generally reserved for patients who are imminently at risk for suicide or self-injurious behavior. Recent, potentially lethal suicide attempts would warrant a continuous watch.
2. Fifteen-minute watch: This requires fifteen (15) minute interval observations. The watch requires that the patient be within full sight of the correctional officer when the fifteen (15) minute checks are conducted.
3. It is expected that patients who have been on continuous watch would next be moved to fifteen (15) minute watch before being taken off suicide precautions.

**G. COMMUNICATION**

Health care staff and correctional staff will communicate daily regarding the status of inmates on suicide precautions.

**H. INTERVENTION**

1. Identified suicide attempts will be treated as a medical emergency.
2. Health care staff and/or correctional staff will make every attempt to stabilize and/or resuscitate inmates who have attempted suicide.
3. Emergency medical support will be provided as necessary.

**I. NOTIFICATION**

1. All suicide attempts or actual suicides are reported immediately to the Health Services Administrator.
2. The Health Services Administrator will notify the facility administration and the appropriate outside authorities. The Facility Administrator will be responsible for notifying family members as per the facility POLICY.

**J. REPORTING**

The appropriate health care staff will report suicides as defined by the facility approved plan.

**K. REVIEW**

All suicides and suicide attempts will be reviewed in accordance with Wexford Health's "Procedure in the Event of an Inmate Death" policy.

**WEX 001046**

**Facility Authority Initials:** \_\_\_\_\_  
**Medical Authority Initials:** \_\_\_\_\_





CLARK COUNTY LAW ENFORCEMENT JAIL CENTER AND JAIL WORK CENTER  
POLICIES AND PROCEDURES

**SUICIDE PREVENTION PROGRAM**

**Policy Number J-123**

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**L. CRITICAL INCIDENT DEBRIEFING**

The Health Services Administrator, in conjunction with the facility administration, will ensure a critical incident debriefing is conducted with all affected medical personnel, correctional personnel, and inmates to:

1. Review the circumstances of the incident, including the timeliness and appropriateness of staff response and intervention.
2. Provide staff and inmates with supportive counseling and to offer referrals to individuals who need further intervention.

**WEX 001047**

**Facility Authority Initials:** \_\_\_\_\_  
**Medical Authority Initials:** \_\_\_\_\_

# EXHIBIT C

WEXFORD

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**BEHAVIORAL HEALTH  
SERVICES**

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**POLICIES AND PROCEDURES**

Wexford Health Sources, Inc.  
Foster Plaza 2  
425 Holiday Drive  
Pittsburgh, PA 15220

WEX 000625

**WEXFORD**

MEDICINE IN CORRECTIONS

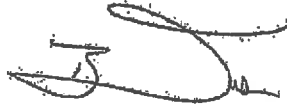
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<b>Reference:</b> National Commission on Correctional Care: P-A-05; J-A-05 American Correctional Association: 4-4424		<b>Date Adopted:</b> 02/04 <b>Date Revised:</b> 09/05	<b>Policy Number</b> BH-001
<b>Approved By:</b> Dr. Thomas Lundquist, Chief Medical Officer  			Page 1 of 2
<b>Signature:</b>			
<b>BEHAVIORAL HEALTH POLICIES AND PROCEDURES</b>			

**POLICY**

Administrative and clinical policies are issued and utilized to ensure uniformity and consistency in the day-to-day operations of behavioral health services and to provide direction to Wexford personnel.

**PROCESS**

- I. The behavioral health policy directive shall be incorporated in the Health Service Unit policy and procedure directives. The policy and procedure directives are designed to be a working document for all health care personnel, especially those assigned to behavioral health services. Copies of the manual shall be readily available to all personnel providing behavioral health services.
- II. All Wexford employees and contractors shall be informed of the policies of behavioral health services along with the necessary procedures for meeting the policy's requirements, including the legal constraints within which they are to function. All staff shall be advised of the special importance attached to compliance with healthcare operations policies and procedures and laws in the field of corrections, so that employees are not made vulnerable to prosecution and civil suit.

**Organization of the Manual**

Policy directives which become a part of the policy and procedure manual shall be prepared in a uniformed format to include the policy number (alphabetic character of the section and number under that section), subject of the policy directive, the effective date, policy and date superseded, approvals of the Wexford Chief Medical Officer, the Director of Behavioral Health Services, institutional approval and appropriate references.

**Use of the Manual**

All Wexford employees shall be asked to read the complete policy and procedure manual. It is also expected that employees shall refer to the policy and procedure manual for guidance.

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Each state/region may individual variances to these policies and a copy of those variances should be attached to this policy.

**WEXFORD**

MEDICINE IN CORRECTIONS

BEHAVIORAL HEALTH SERVICES  
POLICIES AND PROCEDURES

<b>BEHAVIORAL HEALTH POLICIES AND PROCEDURES</b>	<b>Policy Number BH-001</b> <b>Page 2 of 2</b>
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**Policy Additions or Revisions**

The Director of Behavioral Health Services shall be responsible for maintaining and updating the policy manual. Any employee may submit to their immediate supervisor a request for a change in policy. The Director of Behavioral Health Services shall be expected to submit the proposed change to the Wexford Chief Medical Officer.

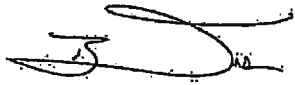
**Annual Review**

All policy directives in the manual may be reviewed and amended as needed, but a review shall occur on all policy directives at least annually. When revisions are made on an annual basis, the procedure for revision and approval shall be followed.

**WEXFORD**

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<b>Reference:</b> National Commission on Correctional Care: P-E-07; J-E-07 American Correctional Association: 4-4346		<b>Date Adopted:</b> 02/04 <b>Date Revised:</b> 09/05	<b>Policy Number</b> BH-004
<b>Approved By:</b> Dr. Thomas Lundquist, Chief Medical Officer  <b>Signature:</b> 			Page 1 of 2
<b>ACCESS TO BEHAVIORAL HEALTH SERVICES</b>			

**POLICY**

Wexford ensures inmates have access to mental health screening, evaluation and or treatment services and inmates are aware of services and the referral process. An outline of the referral process to be used by the institutional staff when an inmate is identified as potentially in need of behavioral health services is provided below.

**PROCEDURE**

- I. Inmates' Self Referral:
  - A. Any inmate may request behavioral health assistance by completion of an Inmate Health Service Request form or approved facility health services request form.
  - B. All inmate self-referrals will be followed up in a timely manner.
  - C. The behavioral health services staff will review self-referrals on a daily basis and assign priority of follow-up based on content of self-referral.
  - D. Inmates may verbally declare a mental health emergency regarding dangerousness to self or others and designated behavioral health staff must respond in timeframes outlined in the procedures.
- II. Health care staff will refer inmates for behavioral health services using an approved facility clinic referral form
- III. Institutional Staff Referral of Inmate:
  - A. Institutional staff are encouraged to refer to behavioral health any inmates they believe may be in need of behavioral health assistance.
  - B. In situations requiring immediate attention, referral should be verbal. Required information includes: inmate name, number, location, and description of behavior or concerns resulting in referral.

Each state/region may individual variances to these policies and a copy of those variances should be attached to this policy.

**WEXFORD**

MEDICINE IN CORRECTIONS

BEHAVIORAL HEALTH SERVICES  
POLICIES AND PROCEDURES**ACCESS TO BEHAVIORAL HEALTH SERVICES**

Policy Number BH-004

Page 2 of 2

- C. In emergency situations when behavioral health staff are not onsite, health care staff will contact the on-call behavioral health practitioner or qualified health care professional to facilitate immediate behavioral health assistance.

IV. Inmate Awareness of Behavioral Health Services:

- A. Presentation of behavioral health services available will be provided during an inmate's orientation to the institution. Inmates will sign the form indicating they have received orientation materials and information regarding accessibility and delivery of mental health services.
- B. Presentation will include explanation of routine self-referral process and the availability of crisis intervention services in emergency situations.
- C. Presentation will also provide explanation of grievance procedures for registering complaints about services.

Each state/region may individual variances to these policies and a copy of those variances should be attached to this policy.

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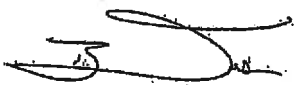
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**WEXFORD**

MEDICINE IN CORRECTIONS

BEHAVIORAL HEALTH SERVICES  
POLICIES AND PROCEDURES

<b>Reference:</b> National Commission on Correctional Care: P-E-02; J-E-02 American Correctional Association: 4-4370	<b>Date Adopted:</b> 02/04 <b>Date Revised:</b> 09/05	<b>Policy Number</b> BH-009
<b>Approved By:</b> Dr. Thomas Lundquist, Chief Medical Officer  <b>Signature:</b> 		Page 1 of 2
<b>BEHAVIORAL HEALTH SCREENING AT INTAKE</b>		

**POLICY**

In order to identify those who are in need of behavioral health treatment, all inmates admitted to a Wexford contracted facility will have a behavioral health screening completed at intake.

**PROCEDURE**

- I. The Medical/Intake screening nurse will screen all inmates for mental illness.
- II. The Medical/Intake screening nurse will refer all inmates who exhibit inappropriate/bizarre abnormal/suicidal behavior/suicidal ideation to the Behavioral Health Department, behavioral health staff or qualified health care professional.
- III. An additional behavioral health screening will be performed by the health care professional at the time of the health assessment and documented on the Mental Health Screening and Evaluation form. Inmates that present complaints related to behavioral health, history of behavioral health illness, substance abuse/dependence history, violent or homicidal past or present ideations, inappropriate/abnormal/bizarre behavior and/or suicidal ideation will be referred to the behavioral health services department/staff.
- IV. The medical intake nurse will refer all inmates to the behavioral health services department/staff by completing a mental health referral form. All routine referrals will be made in writing. All urgent referrals will be made in writing and the nurse will contact the on-call practitioner, if necessary, for further directions regarding inmate care. If indicated, the inmate may be placed in the infirmary on suicide watch for twenty-four (24) hour or psychiatric observation depending on severity of symptoms.
- V. For facilities with behavioral health units, inmates who present with a chronic or acute mental health issue are to be transferred to the Intake Behavioral Health Care Unit. These inmates will be seen within forty-eight (48) hours during the week and seventy-two (72) hours on the weekends by the behavioral health practitioner.

Each state/region may individual variances to these policies and a copy of those variances should be attached to this policy.

**WEXFORD**

MEDICINE IN CORRECTIONS

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**BEHAVIORAL HEALTH SCREENING**

Policy Number BH-009

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- VI. Inmates who present with stable mental health issues are sent to general population and a written behavioral health referral is generated, if clinically indicated.

Each state/region may individual variances to these policies and a copy of those variances should be attached to this policy.

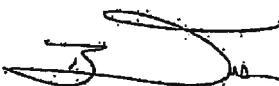
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**WEX 000642**

**WEXFORD**

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BEHAVIORAL HEALTH SERVICES  
POLICIES AND PROCEDURES

<b>Reference:</b> National Commission on Correctional Care: P-G-04; J-G-04 American Correctional Association: 4-4368	<b>Date Adopted:</b> 02/04 <b>Date Revised:</b> 09/05	<b>Policy Number</b> BH-013
<b>Approved By:</b> Dr. Thomas Lundquist, Chief Medical Officer   <b>Signature:</b>		Page 1 of 1
<b>BEHAVIORAL HEALTH TREATMENT PLANNING</b>		

**POLICY**

Wexford will identify the psychiatric problems and needs of those inmates with mental illness and to assist in coordinating the appropriate care.

While correctional settings are not a psychiatric treatment facility, every inmate admitted to the jail/prison system who is determined by the behavioral health practitioner to have a mental disorder shall receive an active individualized approach to the stabilization of their acute psychiatric symptoms while in the Wexford contracted facility network, as well as assistance with mental health follow-up or discharge planning when indicated.

**PROCEDURE**

When the psychiatrist identifies an inmate as needing psychiatric treatment, a treatment plan is initiated for the stabilization of target symptoms. Problems and specific treatment modalities are listed and documented on the *Individual Written Treatment Plan* form or other facility-approved form. If other disciplines are to be involved, they shall also sign the treatment plan.


- I. A treatment plan shall be developed for those inmates who the psychiatric provider determines meets the criteria for psychopharmacological intervention to treat the symptoms.
- II. The inmate shall be an active participant in the treatment planning process and shall indicate such by signing the *Individual Written Treatment Plan* form or other facility-approved form.

Each state/region may individual variances to these policies and a copy of those variances should be attached to this policy.

**WEXFORD**

MEDICINE IN CORRECTIONS

BEHAVIORAL HEALTH SERVICES  
POLICIES AND PROCEDURES

Reference: n/a	Date Adopted: 02/04 Date Revised: 09/05	Policy Number BH-015
Approved By: Dr. Thomas Lundquist, Chief Medical Officer  Signature: 		Page 1 of 1
<b>STATE HOSPITAL RETURNS</b>		

**POLICY**

Wexford will ensure that behavioral health inmate's returning from state behavioral health hospitals will receive appropriate continuity of care.

**PROCEDURE**

The medical intake screening nurses will obtain telephone orders on all inmate's returning from the state hospital and will:

- I. Screen the inmate upon arrival
- II. Obtain orders for medications and labs if indicated from the on-call practitioner
- III. Complete an *Intrasystem Transfer* form
- IV. Complete a referral for psychiatric evaluation
- V. Transcribe and process orders
- VI. Ensure that the health record is properly prepared for transfer if applicable

Each state/region may individual variances to these policies and a copy of those variances should be attached to this policy.

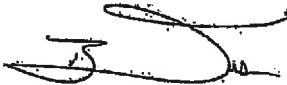
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**WEX 000648**

**WEXFORD**

MEDICINE IN CORRECTIONS

BEHAVIORAL HEALTH SERVICES  
POLICIES AND PROCEDURES

<b>Reference:</b> National Commission on Correctional Care: P-G-05; J-G-05	<b>Date Adopted:</b> 02/04 <b>Date Revised:</b> 09/05	<b>Policy Number</b> BH-016
<b>Approved By:</b> Dr. Thomas Lundquist, Chief Medical Officer   <b>Signature:</b>		Page 1 of 5
<b>SUICIDE PREVENTION PROGRAM</b>		

**POLICY**

Wexford will maintain a program to effectively respond to suicidal and potentially suicidal inmates.

**PROCESS**

- I. Wexford, in cooperation with the Facility Administrator, will ensure there is a written plan for suicide prevention.
- II. The suicide prevention program will include, but not be limited to:
  - A. **TRAINING**
    1. Health care staff and correctional staff will be trained in all aspects of suicide prevention including learning to recognize behavioral cues that indicate potential suicide, and how to respond appropriately. Training will be provided at least annually.
    2. The following signs and symptoms of suicidal ideation will be reviewed during training:
      - a. Despair/hopelessness
      - b. Poor self-image/feelings of inadequacy
      - c. Great concern regarding "What will happen to me?"
      - d. Past history of suicidal attempt
      - e. Verbalization of a suicide plan
      - f. Extreme restlessness exhibited by such behavior as continuous pacing
      - g. Loss of interest in personal hygiene and daily activities

Each state/region may individual variances to these policies and a copy of those variances should be attached to this policy.

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**WEX 000649**

**WEXFORD**

MEDICINE IN CORRECTIONS

BEHAVIORAL HEALTH SERVICES  
POLICIES AND PROCEDURES

<b>SUICIDE PREVENTION PROGRAM</b>	<b>Policy Number BH-016</b>
	<b>Page 2 of 5</b>

- h. Visitation refusals that previously were accepted
- i. Depressed state indicated by crying, withdrawal, insomnia, lethargy, indifference to surroundings and other people
- j. Sudden drastic change in eating or sleeping habits
- k. Hallucinations, delusions, or other manifestations of loss of touch with reality
- l. Sudden marked improvement in mood following period of obvious depression

**B. IDENTIFICATION**

1. All inmates will be assessed during the Receiving Screening process for potential for suicide by physical observation and questioned regarding current suicidal ideations and history of previous attempts.
2. If the inmate is assessed as being at risk for suicide, the receiving nurse will notify the appropriate correctional staff and place the inmate on suicide precautions.
3. Patients who are assessed as being at risk for suicide at a later time by health or correctional staff will be relocated to a housing area that affords suicide watch.
4. All inmates who are identified as being at risk for suicide will be referred to the psychiatrist or mental health professional for evaluation at the soonest possible time.
5. All observations and determinations will be documented on the Receiving Screening form, and accompanying progress note, including assessment findings and intervention recommendation.

**C. REFERRAL**

Upon assessment by the qualified health care staff member, the inmate will be referred to the appropriate behavioral health care provider as soon as possible.

**D. EVALUATION**

1. Evaluation by a mental health staff member will include, but not be limited to an assessment of the following:

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Each state/region may individual variances to these policies and a copy of those variances should be attached to this policy.

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**WEX 000650**

**WEXFORD**

MEDICINE IN CORRECTIONS

BEHAVIORAL HEALTH SERVICES  
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- a. Inmate's mental status
  - b. Inmate's self-report or behavior resulting in referral
  - c. Current suicidal risk
  - d. History of suicidal behavior
  - e. Inmate's report of his/her potential for suicidal behavior
2. The health staff will determine the patient's level of suicide risk, level of supervision needed, and need for transfer to an inpatient mental health facility or program.
  3. The health staff will determine the time frame for follow-up assessment.

**E. HOUSING**

1. The health care staff will follow the facility's plan for housing inmates on suicidal precautions.
2. If an inmate is identified as being at risk for suicide, he or she will be placed in the infirmary or specialized mental health housing and followed for observation on a regular basis by designated correctional health care staff. He or she will be housed in the general population, mental health unit, or medical infirmary, and located in close proximity to staff.
3. Rooms used for suicide watch will be made as suicide-proof as possible and approved by department/facility for safety and security concerns.

**F. MONITORING**

1. Continuous watch: This watch consists of the patient being in constant observation of a correctional officer or health care staff. It is generally reserved for patients who are imminently at risk for suicide or self-injurious behavior. Recent, potentially lethal suicide attempts would warrant a continuous watch.
2. Fifteen-minute watch: This requires fifteen (15) minute interval observations. The watch requires that the patient be within full sight of the correctional officer or health care staff when the fifteen (15) minute checks are conducted.

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Each state/region may individual variances to these policies and a copy of those variances should be attached to this policy.

**WEXFORD**

MEDICINE IN CORRECTIONS

BEHAVIORAL HEALTH SERVICES  
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3. It is expected that patients who have been on continuous watch would next be moved to fifteen (15) minute watch and then to thirty (30) minute watch before being taken off suicide precautions. It is expected that the patients placed on fifteen (15) minute watches would be moved to thirty (30) minute watches before being taken off suicide precautions. Daily progress notes will be completed on all patients placed on suicidal precaution with notes placed in the proper medical and/or infirmary record.

**G. COMMUNICATION**

1. Health care staff and correctional staff will communicate daily regarding the status of inmates on suicide precautions.
2. Procedures for transferred inmates (intrasystem) will be in accordance with the Transfer Screening process.

**H. INTERVENTION**

1. Identified suicide attempts will be treated as a medical emergency.
2. Health care staff and/or correctional staff will make every attempt to stabilize and/or resuscitate inmates who have attempted suicide.
3. Emergency medical support will be provided as necessary.

**I. NOTIFICATION**

1. All suicide attempts or actual suicides are reported immediately to the Health Services Administrator.
2. The Health Services Administrator will notify the facility administration and the appropriate outside authorities. The Facility Administrator will be responsible for notifying family members as per the facility policy.

**J. REPORTING**

The appropriate health care staff will report suicides as defined by the facility approved plan.



**WEXFORD**

MEDICINE IN CORRECTIONS

BEHAVIORAL HEALTH SERVICES  
POLICIES AND PROCEDURES**SUICIDE PREVENTION PROGRAM**

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**K. REVIEW**

All suicides and suicide attempts will be reviewed in accordance with Wexford's "Suicide Reporting Policy," policy RM - 005 which can be found in Wexford's Master Set of Administrative Policies manual.

**L. CRITICAL INCIDENT DEBRIEFING**

The Health Services Administrator, in conjunction with the facility administration, will ensure a critical incident debriefing is conducted with all affected medical personnel and inmates to:

1. Review the circumstances of the incident, including the timeliness and appropriateness of staff response and intervention.
2. Provide staff and inmates with supportive counseling and to offer referrals to individuals who need further intervention.

- III. Inmates who are employed by the facility for peer support in suicide prevention programs will not supersede the role of staff supervision.

Each state/region may individual variances to these policies and a copy of those variances should be attached to this policy.


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**WEX 000653**

**WEXFORD**

MEDICINE IN CORRECTIONS

BEHAVIORAL HEALTH SERVICES  
POLICIES AND PROCEDURES

<b>Reference:</b> National Commission on Correctional Care: P-G-05; J-G-05 American Correctional Association: 4-4373	<b>Date Adopted:</b> 02/04 <b>Date Revised:</b> 09/05	<b>Policy Number</b> BH-017
<b>Approved By:</b> Dr. Thomas Lundquist, Chief Medical Officer   <b>Signature:</b>		Page 1 of 1
<b>MANAGEMENT OF SUICIDAL INMATES</b>		

**POLICY**

Every effort will be made to prevent suicidal gestures or attempts within the facility through constant surveillance and monitoring by medical/behavioral health staff in cooperation with corrections staff.

**PROCEDURE**

- I. In the case of an inmate being identified as being a suicide risk during the intake process, the intake nurse will verbally notify on-call behavioral health practitioner or a qualified health care professional via telephone. The case will be discussed with the practitioner and the inmate will transfer to an appropriate suicide cell. An appropriate SOAPE note will be completed detailing the comments made by the inmate, description of the inmate's self-injurious behavior, along with a mental status examination covering orientation, mood, affect, behavior, hallucinations or delusions, and suicidal/homicidal ideation, intention, or plan.
- II. The physician will review the suicidal status of the inmate on a daily basis; write an appropriate SOAPE note in the inmate's health record, and continue/discontinue the suicide watch, as clinically indicated.
- III. The practitioner's order should include patient's admission to suicide prevention housing and include required specifics such as time intervals for observations, dietary or utensil needs, articles to be allowed and/or removed from cell, medication orders and any other special requirements as dictated by concerns for the patient's welfare and safety. Q-shift nursing notes should be completed as well.

Each state/region may individual variances to these policies and a copy of those variances should be attached to this policy.

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**WEX 000654**

# EXHIBIT D

*B. Evelyn*

Bethany Rohr  
Jail

**CLARK COUNTY  
REQUEST FOR PROPOSALS**



**# 456**

**Medical Services for Detainees**

**ISSUING AGENCY:**  
**Clark County Office of Purchasing**

**ISSUED ON BEHALF OF:**  
**Clark County Sheriff's Office**

**RELEASED: July 20, 2006**

**CLOSES: September 6, 2006**

**PROPOSALS MUST BE SUBMITTED NO LATER**

**THAN 4:30 P.M. TO:**

**Clark County  
Office of Purchasing  
P.O. Box 5000  
1300 Franklin Street, 6<sup>th</sup> Floor, Suite 650  
Vancouver, Washington 98660  
(360) 397-2323**

**REQUEST FOR PROPOSALS - # 456**  
**Medical Services for Detainees**

**1.0 Introduction, Background, and General Information**

Clark County, Office of Purchasing located in Vancouver Washington is seeking proposals for detainer health care as requested by the Clark County Law Enforcement Center and the Clark County Juvenile Detention Facility.

**1.1 Purpose**

It is the goal of the County to provide comprehensive health care for adult detainees and juveniles incarcerated in the correctional/detention facilities. It is their further goal that the health services meet nationally recognized standards, and that they be provided by competent credentialed health care professionals under a program managed by professional administrators in a manner that ensures cost-effective results. To this end, the Clark County Sheriff's Office is seeking proposals from qualified private sector firms specializing in correctional health care to provide detainee health care.

**1.2 Program Description and Objectives**

Clark County Law Enforcement Center is comprised of 800 detainees in two locations. The main jail has a capacity for 553 detainees with an average daily population of 633 detainees. A Jail Work Center located approximately three miles away has a population of approximately 200 additional detainees. The contract will also include the juvenile detention facility located across the street from the main jail. For purposes of this RFP, contractors should bid on a population of 800 adult detainees and 83 juveniles.

The main jail was constructed in 1983 and occupied in 1984. It is comprised of pod supervision with 140 detainees to each pod. The housing is mostly double bunked. There are 26 disciplinary segregation cells and 28 administrative segregation cells. There are six double bunked medical observation cells adjacent to the medical unit. There are two negative pressure cells. The jail work center housing is dormitory style housing with two 25 bed female dorm; the remainder of the dorms are male.

In 2005, there were 16,170 people booked into the Clark County Jail. The average length of stay was 17.5 days. Approximately 15% of the population is female and 85% is male. 55% of the population is between 30-64 years old and 43% is between 18-29 years old. There are occasionally a few state detainees and there are no Federal Marshal detainees included in the population parameters.

The juvenile facility books approximately 2000 youth per year. The population is 65% male and 35% female. The average length of stay is 9 days; however, youth have stayed up to 1.5 years. The average age is 14.5 years.

The juvenile facility is comprised of two floors and four pods. The housing consists of 52 single cells, 4 double cells and 4 dormitories. There are two negative pressure cells. The medical unit is comprised of a medical exam room, medical records/medication/supply area and an office. There is no on-site capacity for dental or x-ray equipment. See Appendix A for the medical floor plan of the juvenile detention center.

The objectives of the RFP are as follows:

- To provide prospective contractors/applicants data necessary for preparation of proposals.
- To provide a fair method for objectively analyzing submitted proposals.
- To result in a successful contract between the successful contractor and the Clark County Sheriff and Juvenile Detention Facility
- To provide quality health services for the detainees and juveniles confined in the respective institutions.
- To provide administrative leadership that provides both cost accountability and responsiveness to the facility administrator.
- To provide assurance that Federal, State and Local requirements and standards are met.
- To provide orientation, continuing education for the health care staff, juveniles and detainees in the respective institutions.
- To provide indemnification and insurance for Clark County.

1.3 Authorized receipt of RFP

All proposers shall be listed on the Plan Holders List to be considered responsive. To be listed contact Clark County Purchasing via e-mail: [linnea.larocque@co.clark.wa.us](mailto:linnea.larocque@co.clark.wa.us) or call (360) 397-2323.

1.4 Duration of Contract

A contract awarded as a result of this RFP will be for a 36 month period and is intended to start January 1, 2007 and end December 31, 2009. Clark County reserves the right to extend or renew contracts for this service for three (3) additional one (1) year contracts under the terms of the contract if performance is satisfactory and additional funding is available.

1.5 Property Procurement and Management

All non-expendable property procured with funds under this RFP is subject to terms and conditions of the funding authority.

1.6 Prospective Contractor's Administration

Any organization operating a program funded by Clark County shall have demonstrated administrative and accounting capabilities necessary to safeguard all public funds.

For juveniles, an immunization history shall be taken as part of the history and physical exam. Immunization vaccines shall be updated as indicated.

**8.3A Non-English Speaking Detainees**

The Clark County Sheriff's Office makes use of a third party telephone interpreter service. This service is available to be used by contract staff only if contract staff has been unable to locate interpreter services after positive effort has been expended toward that goal. Should these interpretive services being used by Clark County, be used by Medical Contract Staff they shall follow County procedures for billing and tracking purposes. The County reserves the right to charge the Medical Contractor for these services if used, but should the use be de minimus, these charges will be absorbed by the County with their normal fees.

**8.4 Periodic Health Appraisals**

Contractor shall conduct annual physicals on all detainees and juveniles that have been incarcerated at the facility for over one year. A protocol or narrative defining the extent of the health assessment shall be discussed or included with this section.

**8.5 Sick Call**

Contractor shall conduct sick call according to NCCHC standards for jail facilities. An on-site nurse, midlevel practitioner or physician shall conduct the sick call clinics. In conducting these clinics, health care staff shall utilize triage protocols and shall ensure all appropriate follow-up care is provided. All detainees are to be seen at their site's sick call (not triage) within 48 hours (72 hours for weekends or holidays) of their submission of a request for health services.

There is a co-pay program in place for the jail facility for which contract staff is expected to supply timely, appropriate, complete and thorough information. There is no co-pay for the juvenile detention center. A copy of the co-pay program is found in Appendix C.

**8.6 Sick Call/Segregation Unit**

In addition to the regular sick call at each site, sick call shall also be conducted a minimum of three times weekly in the segregation units. This will be with assessments done by the nursing staff and appropriate follow-up care to be provided on a day-to-day basis.

**8.7 Patient Referrals**

Referrals shall be scheduled to primary care physicians according to clinical priority. A physician shall see non-urgent sick call requests within seven (7) days from their original request.